

St. Johnsbury District Office

2014 Behavioral Risk Factor Surveillance System Data

Guidance • Support • Prevention • Protection

VDH – Public Health Statistics
May 2016

 **VERMONT**
DEPARTMENT OF HEALTH

Table of Contents

	Page
Introduction.....	3
Demographics.....	4
Health Status Indicators.....	6
Health Access Indicators.....	8
Disability.....	10
Chronic Conditions.....	11
Risk Behaviors.....	15
Preventive Behaviors – Fruit & Vegetable Consumption.....	19
Preventive Behaviors – Physical Activity Recommendations.....	21
Preventive Behaviors – Routine Doctor Visits and Immunizations.....	22
Oral Health.....	24
HIV Screening.....	26
Cancer Screening.....	27
Appendix A.....	29

What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website:

http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf

Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH's Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

Demographics of St. Johnsbury District Office*

The next few pages describe the demographic makeup of St. Johnsbury District Office area adults in 2013-2014.

More than half of St. Johnsbury adults are male. Seven in ten of adult St. Johnsbury residents are 25-64, with slightly less than one in four ages 65 and older.

- St. Johnsbury residents are significantly less likely to be 18-24 years old (7% vs. 12%) and more likely to be 45-64 (43% vs. 39%) compared to Vermont adults overall

Nearly half (45%) of St. Johnsbury adults has a high school degree or less. One quarter of has a college degree or higher.

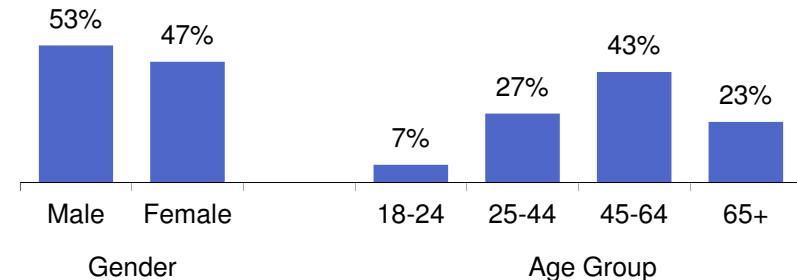
- St. Johnsbury adults are significantly more likely than Vermont adults overall to have a high school degree or less (45% vs. 39%) and significantly less likely to have a college degree or higher (25% vs. 32%).

About four in ten St. Johnsbury area adults lives in a home making \$50,000 or more annually, significantly lower than Vermont adults overall (38% vs. 48%).

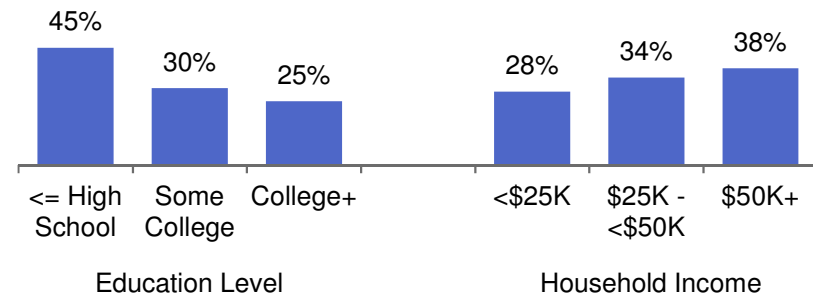
- St. Johnsbury adults are also more likely than Vermont adults to live in homes making less than \$25,000 (28% vs. 25%) and \$25,000-\$49,999 (34% vs. 28%) per year.

Three percent of adults in the St. Johnsbury area report being a racial or ethnic minority. This is statistically similar to the six percent reported among Vermont adults overall.

**St. Johnsbury Residents
by Gender and Age**



**St. Johnsbury Residents
by Education and Income Level**



*See page 31 for a list of the towns included in the St. Johnsbury Health District.

Demographics of St. Johnsbury District Office

Less than two-thirds (62%) of St. Johnsbury area adults are currently employed, while 19% are retired. Seven percent are unemployed and slightly less, about six percent each, said they are a student or homemaker

- St. Johnsbury adults reported a similar employment distribution to Vermont overall.

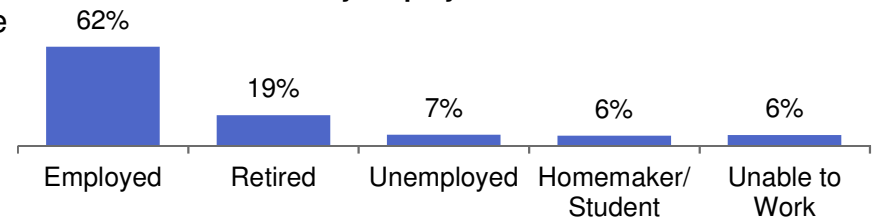
Slightly less than six in ten (57%) St. Johnsbury area adults are married. About one in six (16%) have never married and fourteen percent are divorced. Less than eight percent each are widowed or part of an unmarried couple (5%).

- Adults in the St. Johnsbury area are significantly less likely to have never married compared to Vermont adults overall (16% vs. 23%)

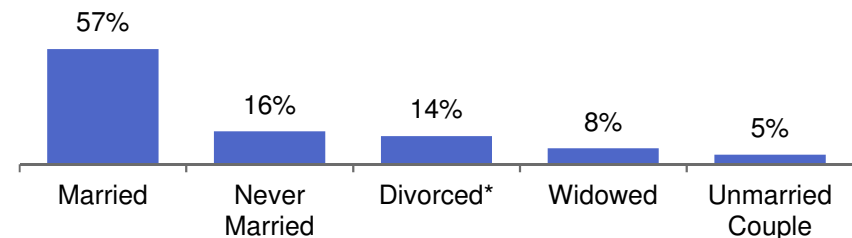
Seven in ten (71%) adults in the St. Johnsbury area said there are no children less than 18 in their home. Six percent reported having three or more children.

- The number of children in the home reported by St. Johnsbury area adults was similar to that for Vermont overall.

**St. Johnsbury Residents
by Employment Status**

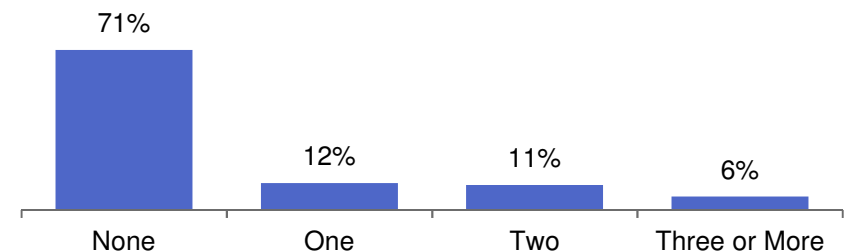


**St. Johnsbury Residents
by Marital Status**



*Includes those who reported their marital status as divorced or separated.

**St. Johnsbury Residents
by Children in Household**



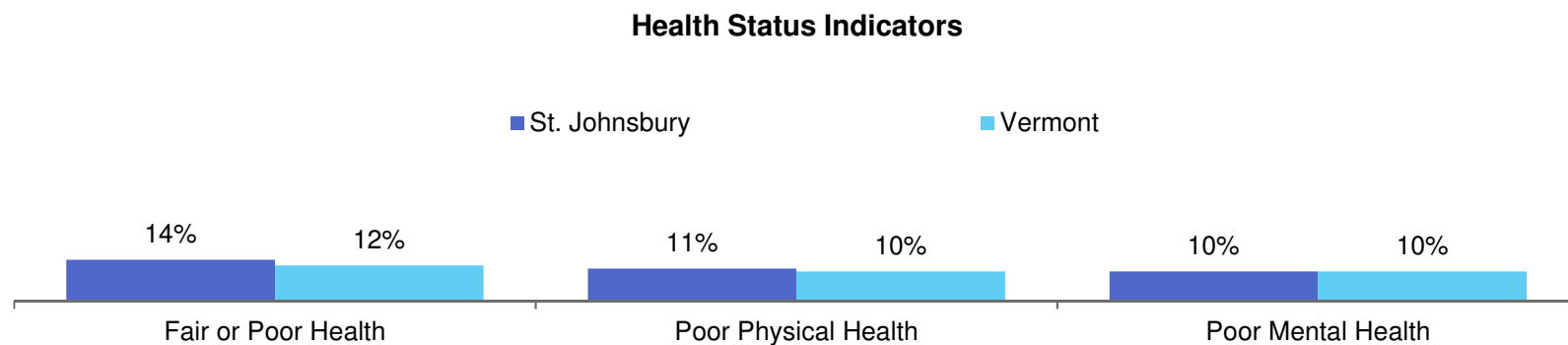
Health Status Indicators

In 2013-2014, one in seven (14%) St. Johnsbury area adults reported being in fair or poor general health. One in nine (11%) reported having poor physical health, while one in ten (10%) said they had poor mental health.

- Poor mental and physical health were defined as 14 or more days of poor mental/physical health in the last month.

There are no statistically significant differences in health status, regardless of the measure, when comparing St. Johnsbury area adults and Vermont adults overall.

Among adults in the St. Johnsbury area, health status indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health do not differ significantly by gender, among St. Johnsbury area adults.

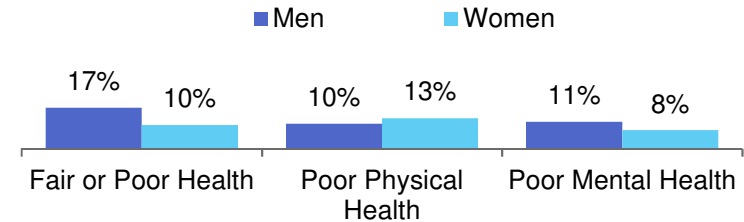
Reported fair or poor general health and poor physical health increase with age, however poor mental health decreases with increasing age.

- Adults 65 and older are significantly less likely than younger adults to report poor mental health.
- There are no significant differences by age in fair or poor general health or poor physical health.

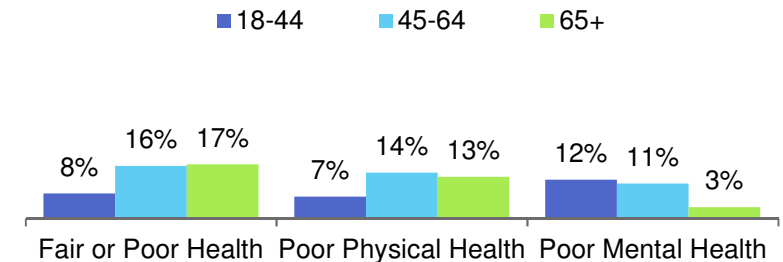
Poor health, regardless of the indicator, decreases with increasing annual household incomes.

- Adults in homes making less than \$25,000 per year are significantly more likely to report fair or poor general health than those in homes that make more income.
- Those in homes making less than \$25,000 annually are also significantly more likely to report poor physical and poor mental health than those making \$50,000 or more.

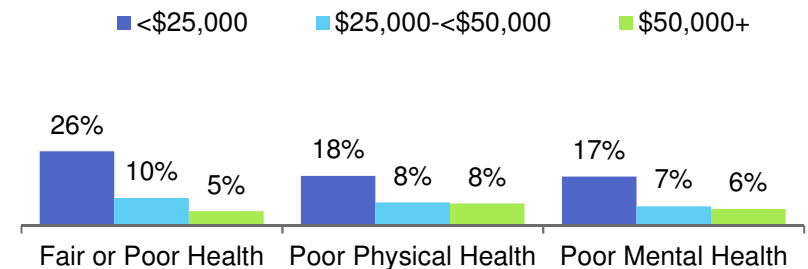
**Health Status Indicators by Gender
St. Johnsbury Adults**



Health Status Indicators by Age



Health Status Indicators by Income Level

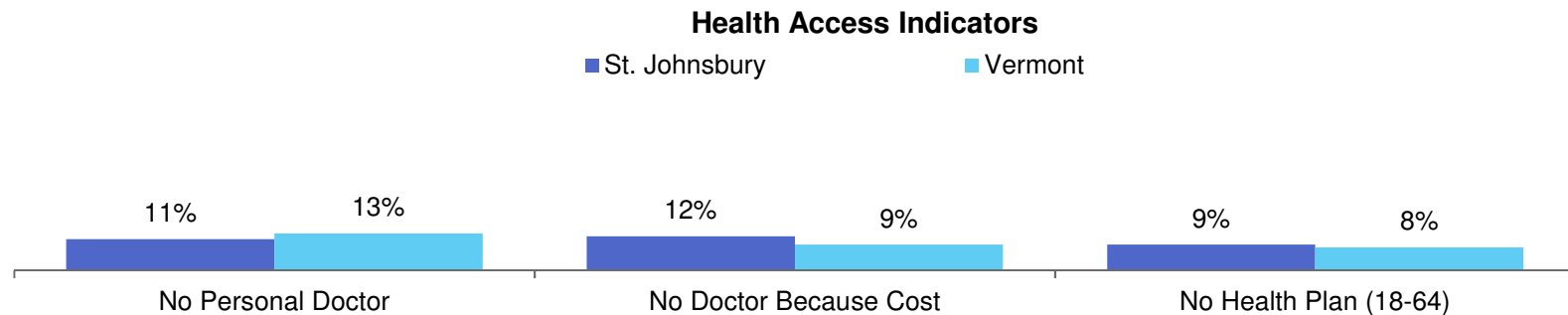


Health Access Indicators

In 2013-2014, one in nine (11%) adults in the St. Johnsbury area said they do not have a personal doctor for health care. One in eight (12%) said they needed care in the last year but did not seek it due to the cost. Among St. Johnsbury area adults ages 18-64, nine percent said they do not have health insurance.

There are no differences in health care access, regardless of the measure, when comparing St. Johnsbury area adults and Vermonters overall.

Additionally, among St. Johnsbury area adults, health access indicators have not changed significantly since 2011. See Appendix A for results over time.



Health Access Indicators

There are no statistical differences by gender in poor health access, regardless of the measure, among St. Johnsbury area adults.

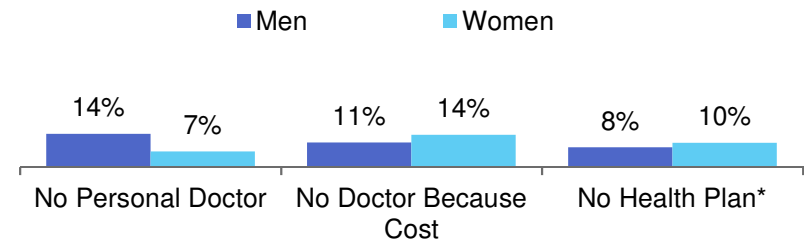
Poor health care access decreases with increasing age.

- Adults ages 18-44 are significantly more likely to not have a personal doctor compared to older age groups.
- Adults 18-64 are significantly more likely than those 65 and older to delay care due to cost.
- There are no differences by age in health plan coverage.

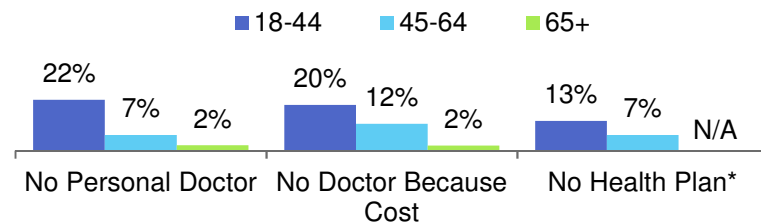
Comparatively, poor health access is higher among adults with lower annual household incomes.

- Adults in homes earning less than \$25,000 a year are significantly more likely to delay care due to cost than those in homes with the highest annual incomes.
- Adults in the St. Johnsbury area who live in homes making less than \$50,000 annually are significantly more likely to report not having a health plan, compared with those with more income.
- There are no differences by annual household income level in not having a personal care provider.

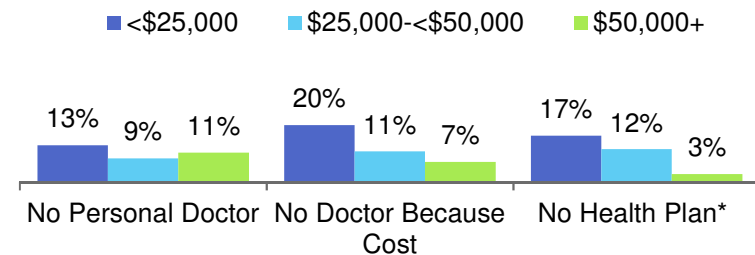
**Health Access Indicators by Gender
St. Johnsbury Adults**



Health Access Indicators by Age



Health Access Indicators by Income Level



*Limited to adults 18-64.

Disability

Less than a quarter of Vermont adults reported having a disability (24%) in 2014, similar to the rate reported among adults in the St. Johnsbury area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

Men and women in the St. Johnsbury area report being disabled at statistically similar rates.

Reported disability among St. Johnsbury adults increases with increasing age.

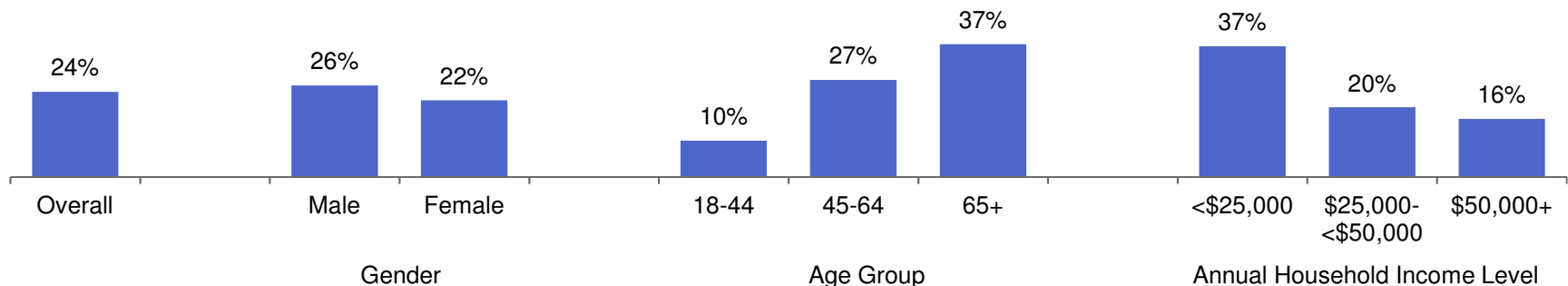
- Adults 45 and older are significantly more likely to report having a disability than younger adults.

St. Johnsbury area adults with lower annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 are significantly more likely to be disabled than those in homes with more income.

While reported disability among St. Johnsbury area adults has decreased since 2011, the change is not statistically significant. See Appendix A for results over time.

**Disability, Overall and by Sub-groups
St. Johnsbury Adults**



Chronic Conditions

More than three in ten St. Johnsbury area adults reported having arthritis (32%) and obesity (31%).

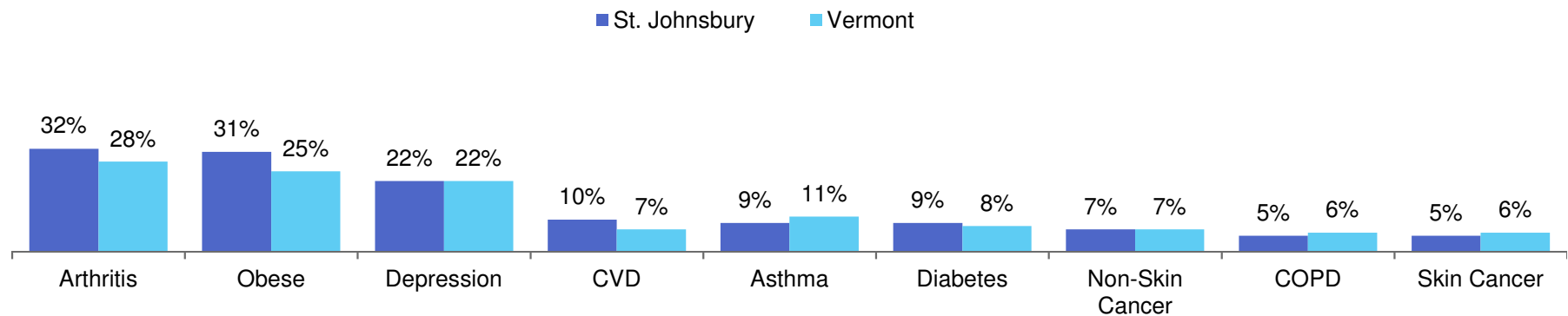
- St. Johnsbury adults have a significantly higher prevalence of obesity than Vermont adults overall (31% vs. 25%)

More than two in ten (22%) said they have ever been diagnosed with a depressive disorder. Less than one in ten area adults reported ever being diagnosed with each any of the following chronic conditions: cardiovascular disease (CVD), asthma, diabetes, a non-skin cancer, chronic obstructive pulmonary disease (COPD), and skin cancer.

- There are no statistical differences between the rates reported for the above chronic conditions among St. Johnsbury area adults compared to Vermont adults overall.

The prevalence of diabetes among St. Johnsbury area adults has increased significantly over time, from 6% (2011-2012) to 9% (2013-2014). Prevalence of other chronic conditions have not changed significantly since 2011. See Appendix A for trend results.

Prevalence of Selected Chronic Conditions



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

Chronic Conditions

St. Johnsbury area women are significantly more likely to have asthma compared to area men (12% vs. 6%).

- The prevalence of arthritis, depression, and obesity does not differ significantly by gender.

Arthritis, obesity, and asthma prevalence are lowest among younger area adults 18-44 years old.

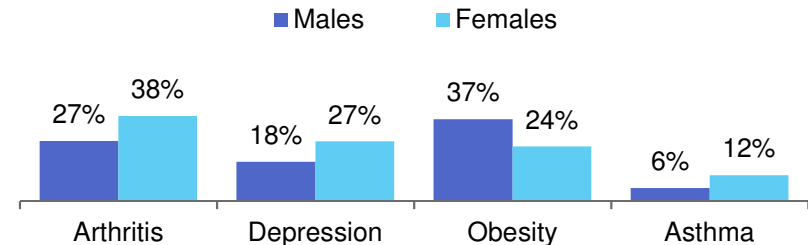
- Adults 18-44 are significantly less likely to report arthritis compared to older area adults.
- There are no differences in obesity and asthma prevalence by age.

Depressive disorders are more likely to be reported among younger adults.

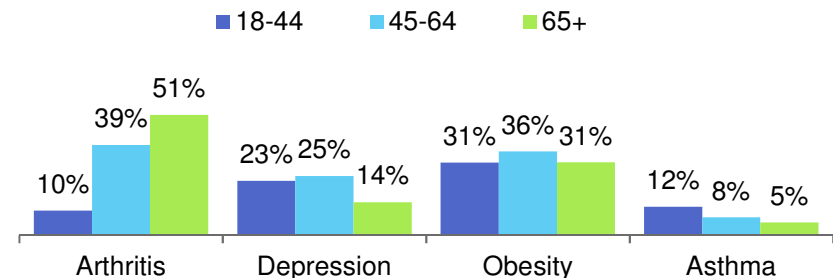
- Adults 45-64 are significantly more likely than older adults to report having a depressive disorder.

There are no statistical differences in the rates of arthritis, depression, obesity and asthma among St. Johnsbury area adults by annual household income level.

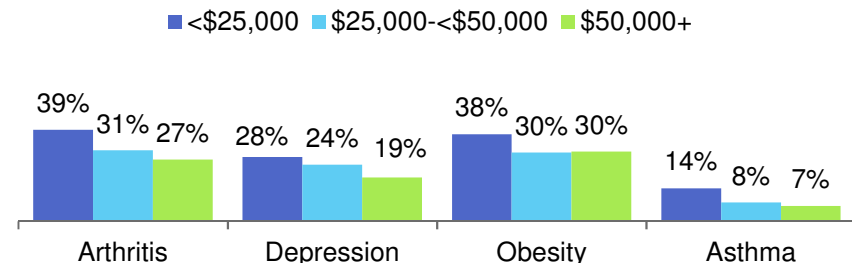
**Chronic Conditions by Gender
St. Johnsbury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

Chronic Conditions

There are no statistically significant differences by gender in the prevalence of cardiovascular disease, diabetes, and COPD.

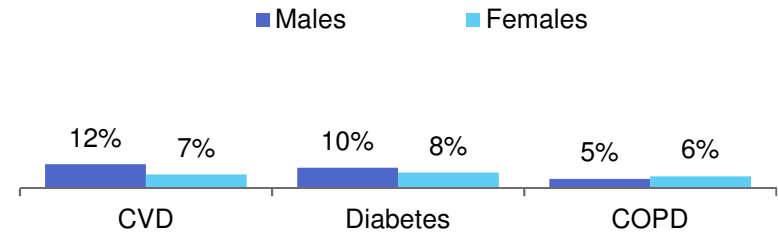
Reported cardiovascular disease, diabetes, and COPD among St. Johnsbury area adults all increase as age increases.

- St. Johnsbury adults 65 and older are significantly more likely to report cardiovascular disease compared to younger adults.
- Similarly, adults 65 and older are significantly more likely to have diabetes compared to younger adults 18-44.
- There are no statistical differences in COPD prevalence by age.

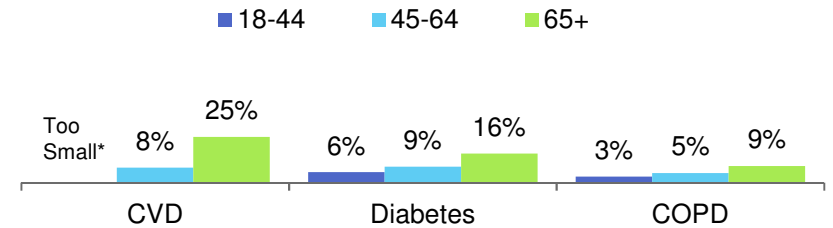
St. Johnsbury area adults living in homes with less income are more likely to say they have cardiovascular disease, diabetes, and COPD.

- Those in homes making less than \$25,000 per year are significantly more likely than those in homes making \$50,000 or more to report having cardiovascular disease, diabetes, or COPD.

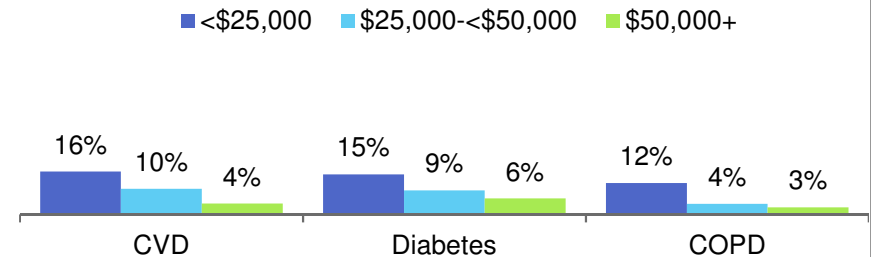
**Chronic Conditions by Gender
St. Johnsbury Adults**



Chronic Conditions by Age



Chronic Conditions by Income Level



*Sample size is too small to report

Chronic Conditions

There are no statistically significant differences in the prevalence of non-skin cancer or skin cancer by gender among St. Johnsbury area adults.

Older adults in the St. Johnsbury area are more likely to report skin and non-skin cancers compared to younger adults.

- Adults 65 and older are significantly more likely to report ever having a non-skin cancer than those 18-44.
- There are no differences in skin cancer prevalence by age.

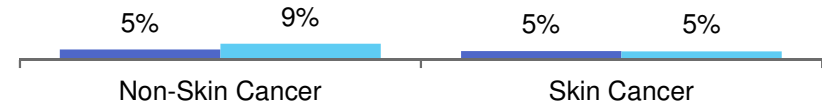
Adults in homes with low incomes are more likely to report ever having a non-skin cancer.

- Adults with annual household incomes of less than \$25,000 per year are significantly more likely than those with an income of \$25,000-\$49,999 to report having a non-skin cancer.

There are no statistical differences in the rates of reported skin cancer by annual household income level.

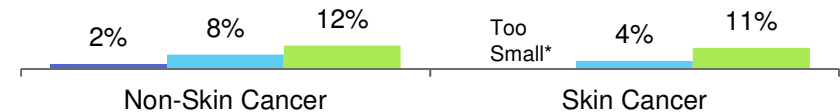
**Chronic Conditions by Gender
St. Johnsbury Adults**

■ Males ■ Females



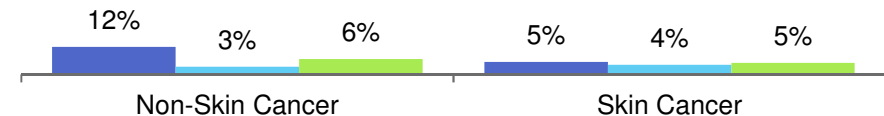
Chronic Conditions by Age

■ 18-44 ■ 45-64 ■ 65+



Chronic Conditions by Income Level

■ <\$25,000 ■ \$25,000-<\$50,000 ■ \$50,000+



*Sample size is too small to report

Risk Behaviors

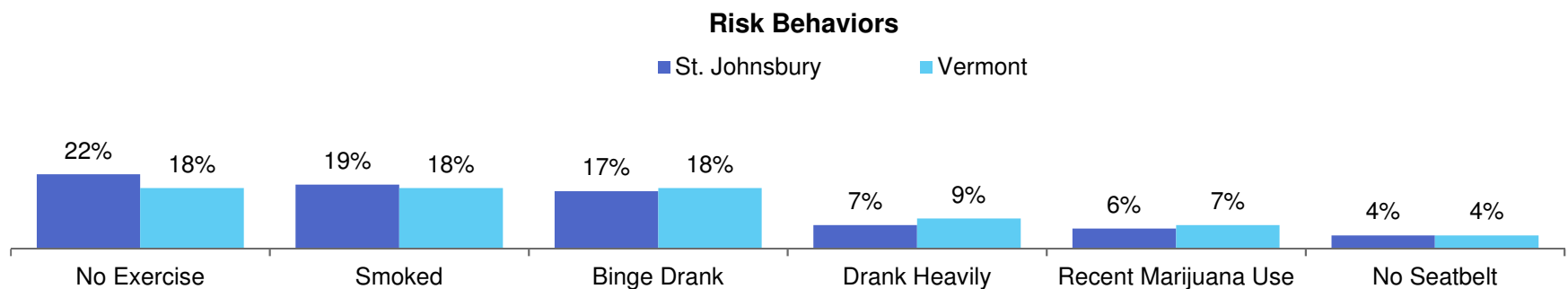
In 2013-2014, more than one in five St. Johnsbury adults reported not participating in any leisure time physical activity during the previous month. About one in five (19%) said they currently smoke. Among smokers, 66% had tried to quit in the last year.

One in six (17%) adults binge drank in the last month, while 7% heavily drank.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women. Heavy drinking was defined as more than two drinks per day for men and more than one for women.

Six percent of St. Johnsbury adults said they used marijuana in the last month, while four percent said they seldom or never wear a seatbelt.

There are no statistical differences between St. Johnsbury area adults and Vermont adults overall for any of the risk behavior measures. Additionally, risk behavior prevalence has not changed significantly for any measure since 2011. See Appendix A for results over time.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

Risk Behaviors

There are no statistically significant differences among St. Johnsbury area adults in smoking and not participating in any leisure time physical activity during the previous month by gender.

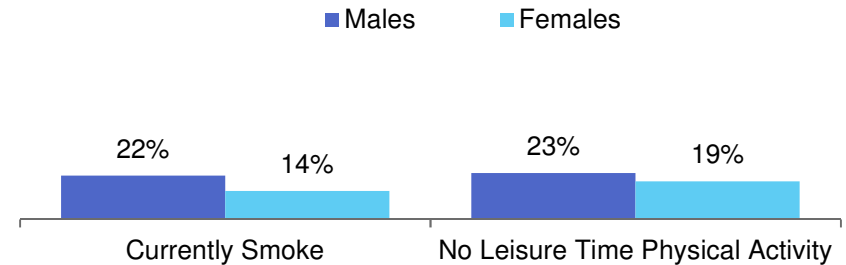
Among adults in the St. Johnsbury area, smoking rates decrease with increasing age.

- Compared to those 18-64, adults 65 and older are significantly less likely to currently smoke.
- There are no differences by age in not participating in physical activity.

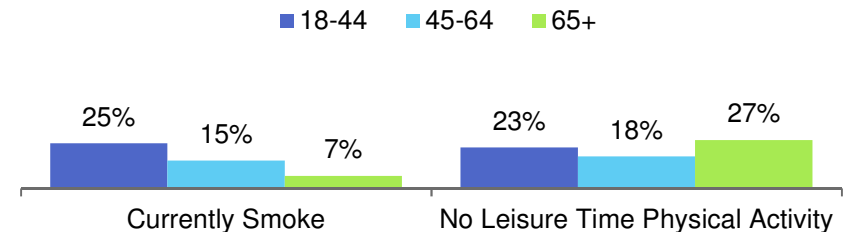
St. Johnsbury area adults in homes with more income are less likely to currently smoke and not participate in physical activity.

- Adults in homes making \$50,000 or more are significantly less likely to smoke and less likely to not participate in physical activity than those in homes that make less than \$25,000 annually.

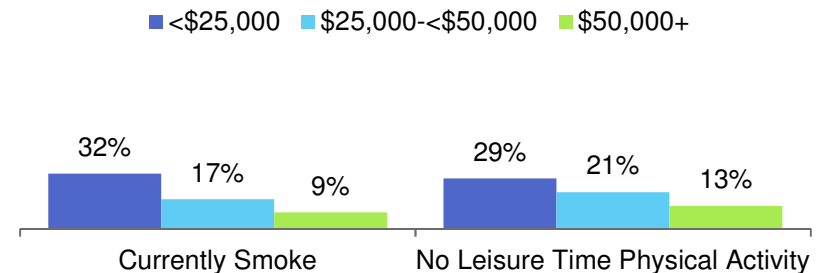
**Risk Behaviors by Gender
St. Johnsbury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

Risk Behaviors

Among St. Johnsbury adults, men are more likely to report binge drinking than women (24% vs. 9%).

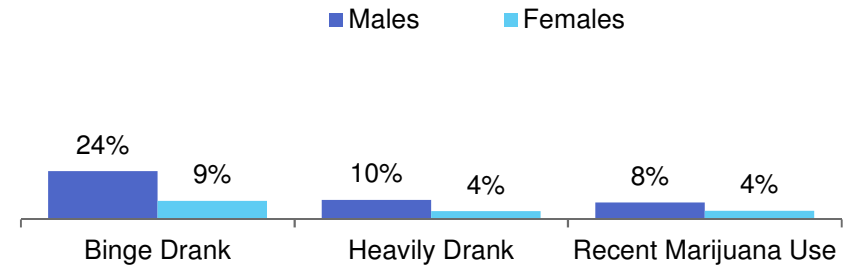
- There are no significant differences in heavy drinking or recent marijuana use by gender.

As age increases, the rate of binge drinking, heavy drinking, and recent marijuana use decreases.

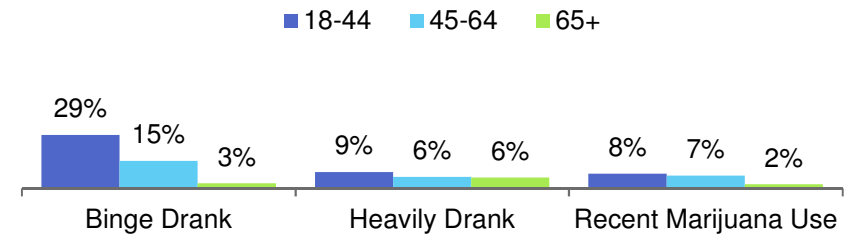
- All differences by age in reported binge drinking rates are statistically significant.
- Differences in heavy drinking and recent marijuana use by age are not statistically significant.

There are no differences in binge drinking, heavy drinking or recent marijuana use by annual household income.

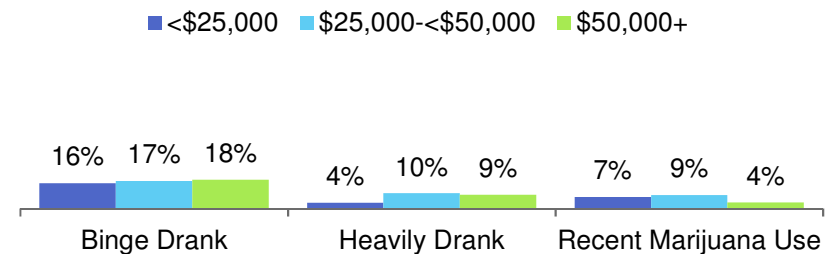
**Risk Behaviors by Gender
St. Johnsbury Adults**



Risk Behaviors by Age



Risk Behaviors by Income Level



*Sample size is too small to report

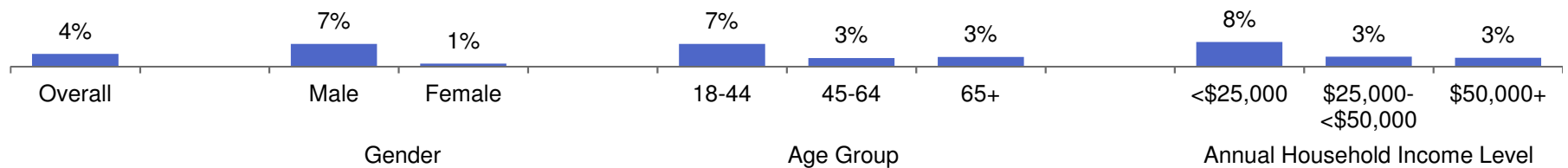
Risk Behaviors

Four percent of adults in the St. Johnsbury area said they seldom or never wear a seatbelt when riding or driving in a car, the same as reported among Vermont adults.

St. Johnsbury area men are significantly more likely than women to never or seldom wear a seatbelt when riding or driving a car (7% vs. 1%).

Adult use of seatbelts in the St. Johnsbury area does not differ by age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups
St. Johnsbury Adults**

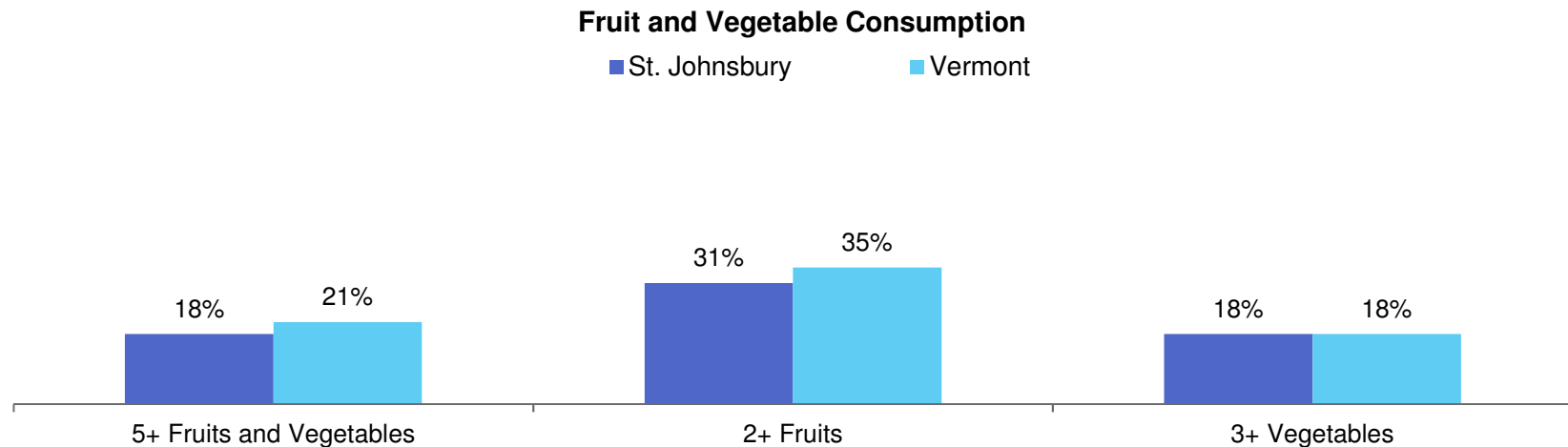


Preventive Behaviors

In 2011-2013, eighteen percent of St. Johnsbury area adults reported eating five or more fruits and vegetables and three or more vegetables per day. Nearly three in ten (31%) ate two or more fruits.

St. Johnsbury area adult consumption of fruits and vegetables is statistically similar to that among Vermont adults overall.

Fruit and vegetable consumption was only asked in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Preventive Behaviors

Fruit and Vegetable consumption among St. Johnsbury area women is higher than that among men.

- Women are significantly more likely to report eating five or more fruits and vegetables (24% vs. 11%) and three or more vegetables (24% vs. 11%).

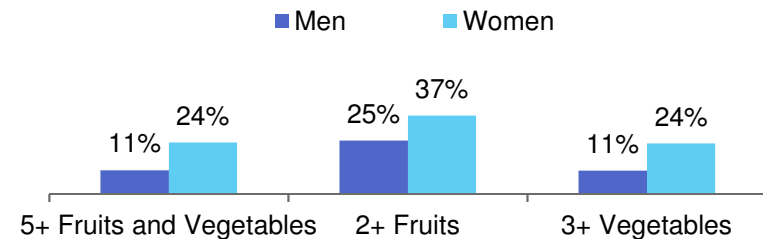
Area adults 65 and older are significantly more likely than younger adults to eat two or more fruits per day.

- There are no significant differences in the consumption of five or more fruits and vegetables or three or more vegetables per day by age.

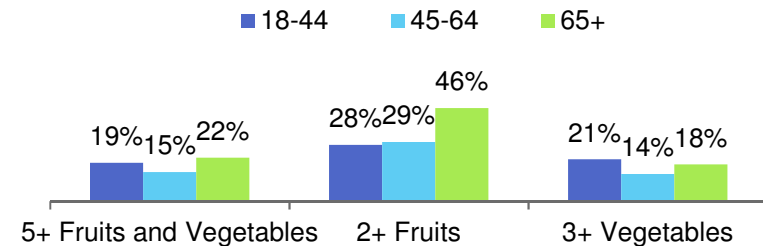
Consumption of fruits and vegetables among St. Johnsbury adults is lowest among those with low annual household incomes.

- Adults that make less than \$25,000 per year are significantly less likely than those with more income to consume five or more fruits and vegetable and two or more fruits per day.
- Similarly, those with incomes of less than \$25,000 are significantly less likely than those with an income \$25,000-\$49,999 to consume three or more vegetables per day.

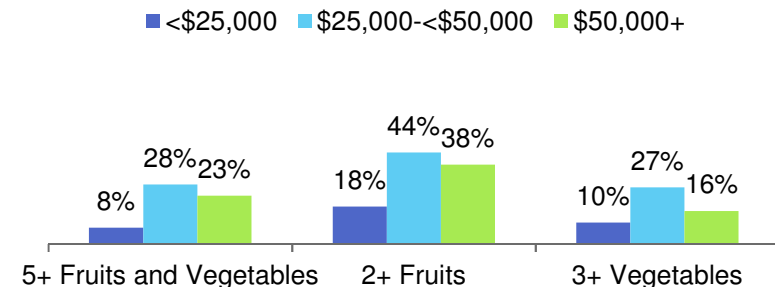
**Preventive Behaviors by Gender
St. Johnsbury Adults**



Preventive Behaviors by Age



Preventive Behaviors by Income Level



Note: Fruit and vegetable data, except that by age are age adjusted to the U.S. 2000 standard population.

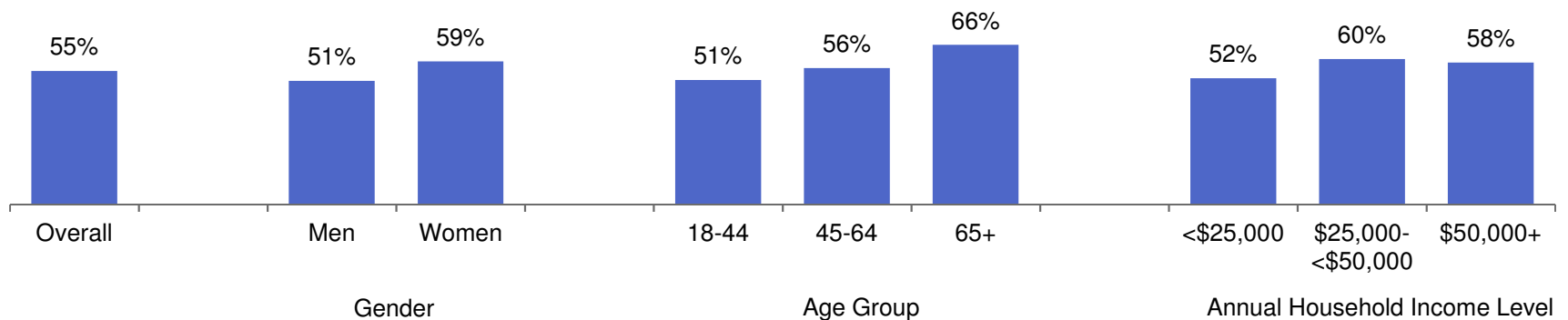
Preventive Behaviors

In 2011-2013, about six in ten (59%) Vermont adults reported meeting physical activity recommendations*. This is similar to the 55% reported among St. Johnsbury area adults.

Among St. Johnsbury adults, there are no differences in meeting physical activity recommendations by gender, age or annual household income.

Meeting physical activity recommendations information was only collected in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups
St. Johnsbury Adults**



*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

www.cdc.gov/physicalactivity/everyone/guidelines/index.html

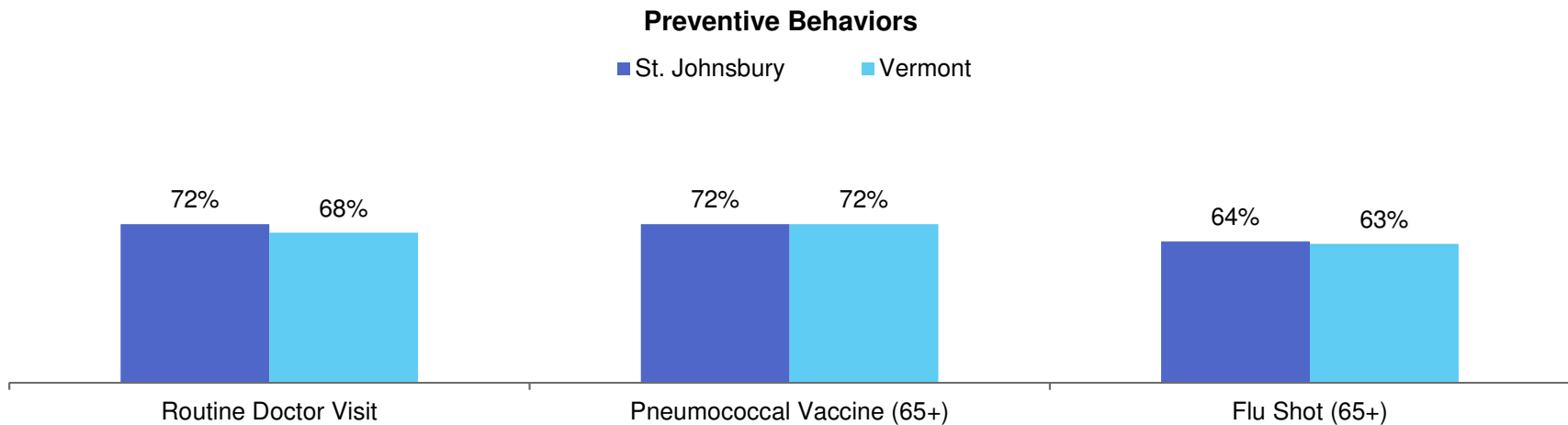
Preventive Behaviors

Less than three-quarters (72%) of adults in the St. Johnsbury area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

Similarly, 72% of St. Johnsbury area adults ages 65 and older have ever gotten a pneumococcal vaccine, fewer (64%) reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to St. Johnsbury adults, 72% and 63%, respectively.

Routine doctor visits and receipt of vaccinations among St. Johnsbury area adults have not changed since 2011. See Appendix A for results over time.



Preventive Behaviors

There are no statistical differences by gender among St. Johnsbury adults for having a routine visit to the doctor in the last year or receipt of a flu shot or pneumococcal vaccine, among adults 65 and older.

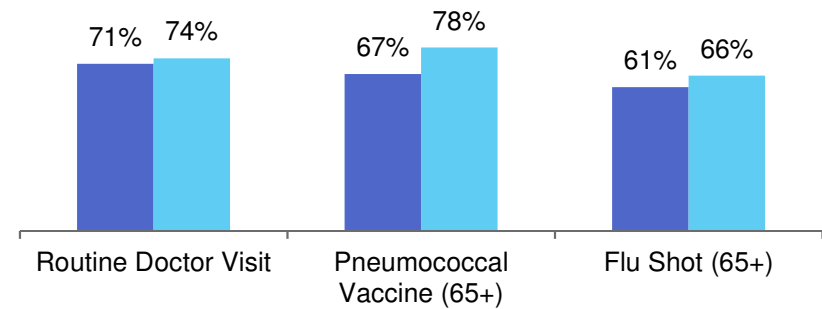
Routine visits to the doctor in the last year increase with age.

- Adults 18-44 are significantly less likely to visit the doctor than older adults.

There are no statistical differences by annual household income for routine doctor visits and receipt of vaccinations among St. Johnsbury area adults.

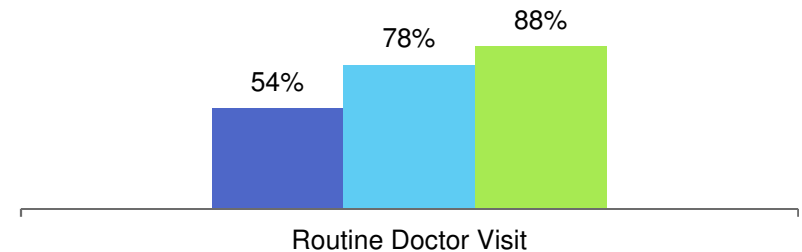
Preventive Behaviors by Gender
St. Johnsbury Adults

■ Men ■ Women



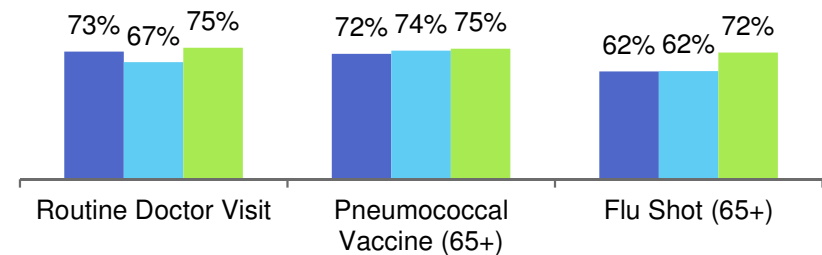
Preventive Behaviors by Age

■ 18-44 ■ 45-64 ■ 65+



Preventive Behaviors by Income Level

■ <\$25,000 ■ \$25,000-<\$50,000 ■ \$50,000+

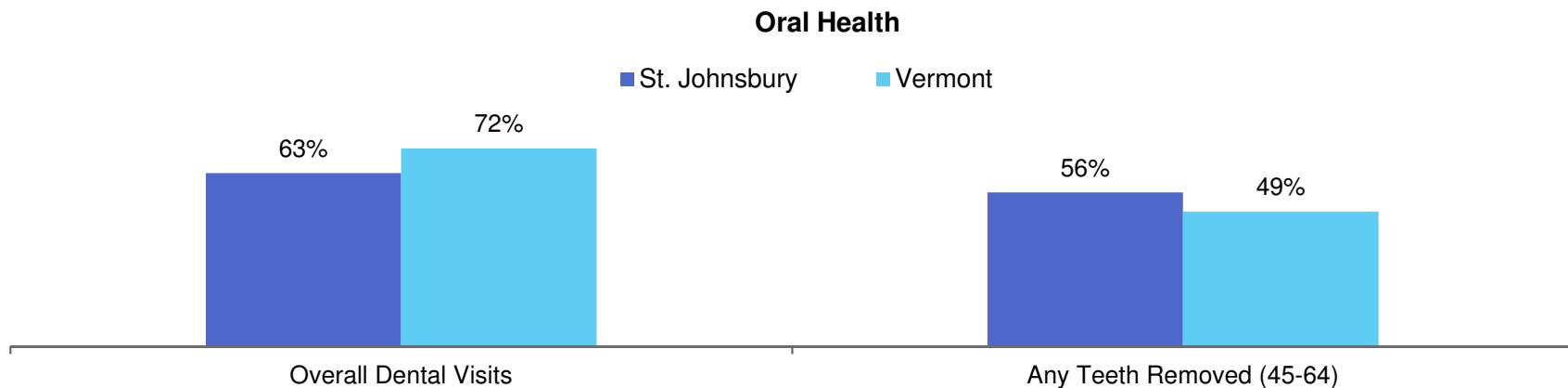


Oral Health

Less than two thirds (63%) St. Johnsbury adults reported visiting the dentist within the past year, significantly lower than the 72% reported among Vermont adults overall.

More than half (56%) of adults 45-64, said they have had one or more teeth extracted in their lifetime. This is similar to the 49% among Vermont adults of the same age.

Oral Health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Oral Health

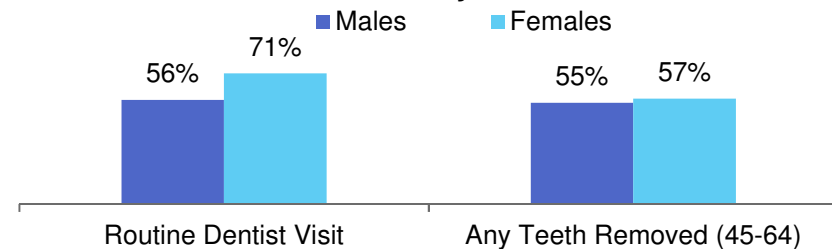
St. Johnsbury area adults reported statistically similar rates by gender in routine dentist visits and teeth removal.

There are no differences by age in routine dentist visits.

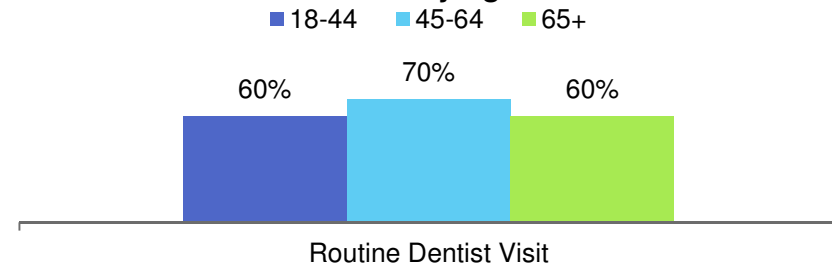
St. Johnsbury area adults living in homes with more income are more likely than those in homes with less income to routinely visit the dentist and less likely to have teeth removed than homes with less income.

- Adults in homes making \$50,000 or more per year are significantly more likely to regularly visit the dentist compared to those in homes with less income.
- Similarly adults in homes with incomes of at least \$50,000 annually are significantly less likely than those with low incomes to have had any teeth extracted.

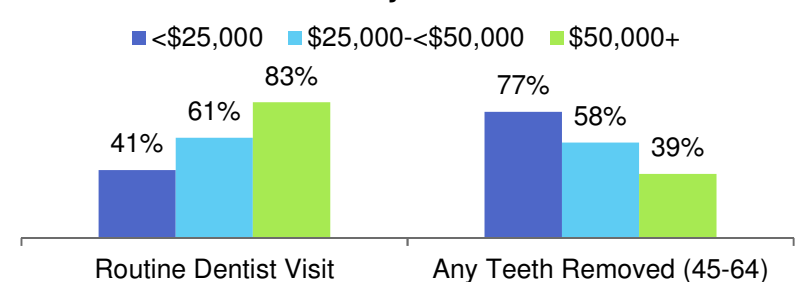
**Oral Health by Gender
St. Johnsbury Adults**



Oral Health by Age



Oral Health by Income Level



HIV Screening

In 2013-2014, about a quarter of St. Johnsbury area adults had ever been tested for HIV. This is similar to the 31% reported among Vermont adults overall.

Men and women in the St. Johnsbury area report HIV testing at similar rates.

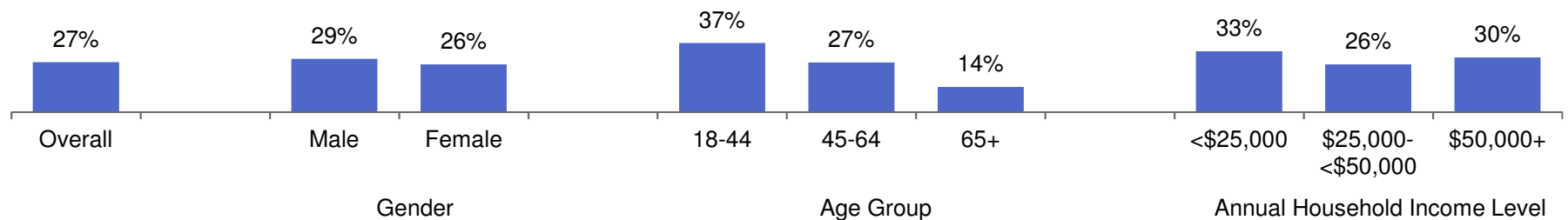
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- Adults 65 and older are significantly less likely to have an HIV test than younger age groups.

There are no differences, among adults in the St. Johnsbury area, in HIV testing by annual household income level.

HIV testing among St. Johnsbury adults has not changed significantly since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups
St. Johnsbury Adults**



Cancer Screening

Eight in ten (81%) women ages 50-74 in the St. Johnsbury area reported meeting breast cancer screening recommendations. This is similar to the 79% among all Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

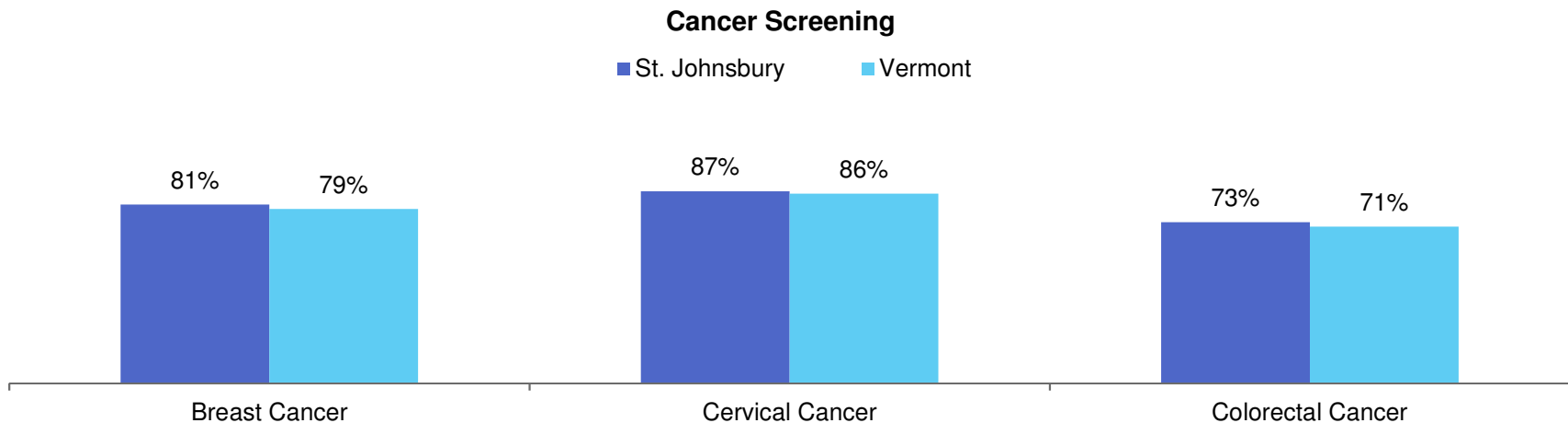
Eighty-seven percent of women 21-65 who live in the St. Johnsbury area met cervical cancer recommendations, similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the St. Johnsbury area, roughly three-quarters (73%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Recommended cancer screening questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



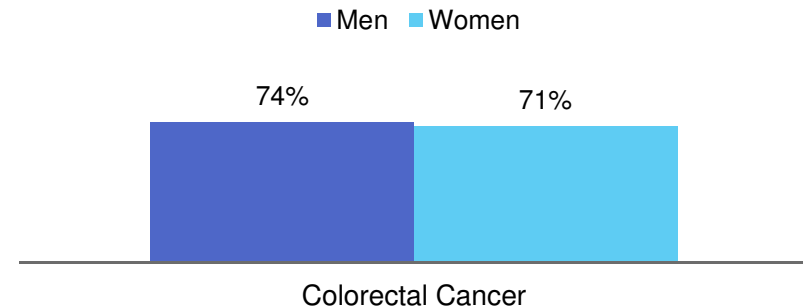
Cancer Screening

Among St. Johnsbury area adults, there are no statistically significant differences by gender in receipt of recommended colorectal cancer screenings.

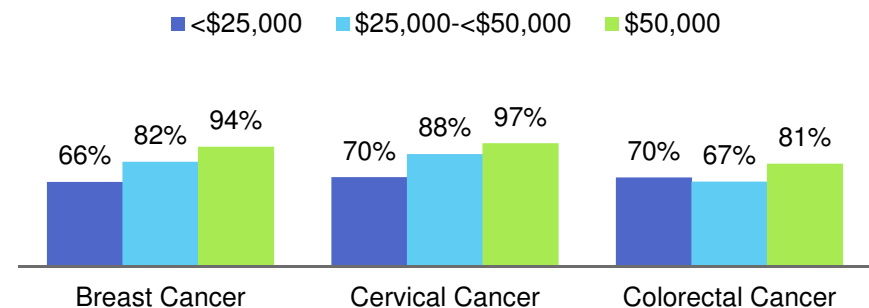
Meeting cancer screening recommendations is more likely among St. Johnsbury adults with higher incomes.

- Women ages 50-74 with household incomes of at least \$50,000 annually are significantly more likely to receive breast cancer screening than those with incomes less than \$25,000 annually.
- Similarly, women 21-65 in home with high incomes are also significantly more likely than those with low incomes to meet cervical cancer screening.
- There are no differences by annual household income for meeting colorectal screening recommendations.

**Cancer Screening By Gender
St. Johnsbury Adults**



Cancer Screening by Income Level



Appendix A: St. Johnsbury District Office Trend Results (2011-2014)

Health Status Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Fair or Poor General Health	14%	12%	14%	No
Poor Physical Health	11%	9%	11%	No
Poor Mental Health	12%	9%	10%	No
Disabled	25%	22%	24%	No
Health Access Indicators	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
No Personal Doctor	16%	13%	11%	No
No Doctor Because of Cost	11%	11%	12%	No
No Health Plan (ages 18-64)	15%	14%	9%	No
Chronic Conditions	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Arthritis	29%	28%	32%	No
Depression	23%	22%	22%	No
Obesity	29%	27%	31%	No
Asthma	11%	8%	9%	No
Diabetes	6%	6%	9%	Yes
Non-Skin Cancer	6%	6%	7%	No
Cardiovascular Disease (CVD)	9%	8%	10%	No
Skin Cancer	5%	6%	5%	No
Chronic Obstructive Pulmonary Disease (COPD)	6%	6%	5%	No

Appendix A: St. Johnsbury District Office Trend Results (2011-2014)

Risk Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Smoking	21%	18%	19%	No
Binge Drinking	18%	14%	17%	No
No Exercise	19%	17%	22%	No
Recent Marijuana Use	8%	8%	N/A	No
Heavy Drinking	8%	6%	7%	No
Seldom or Never use Seatbelt	8%	4%	4%	No
Preventative Behaviors	2011-2012	2012-2013	2013-2014	Significant Change Since 2011
Routine Doctor Visit, in Last year	72%	72%	72%	No
Pneumococcal Vaccine, Ever, Ages 65+	75%	75%	72%	No
Flu Shot in the Last Year, Ages 65+	59%	63%	64%	No
Ever Tested for HIV	33%	31%	27%	No

Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns included in the St. Johnsbury Health District are: Barnet, Burke, Danville, Groton, Kirby, Lyndon, Newark, Peacham, Ryegate, Sheffield, St. Johnsbury, Sutton, Walden, Waterford, Wheelock, Concord, East Haven, Granby, Guildhall, Lunenburg, Maidstone, Victory, Newbury, and Topsham.